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Reorganization of the Federal Security Agency

By A. J. ALTMAYER

Commissioner for Social Security, Federal Security Agency

UNDER Public Law No. 263, 79th Congress, a reorganization plan submitted by the President to the Congress automatically goes into effect 60 days after the President transmits it to the Congress, unless prior thereto either House of the Congress has by majority vote rejected it. Accordingly, Reorganization Plan No. 2 of 1946 automatically went into effect on July 16, 1946, 60 days after it had been transmitted by the President to the Congress. The chief administrative changes that were made under this plan were as follows:

1. The Social Security Board was abolished and its functions were transferred to the Federal Security Administrator.
2. The Children's Bureau in the Department of Labor, exclusive of its Industrial Division, was transferred to the Federal Security Agency.
3. The functions of the United States Employees Compensation Commission were transferred to the Federal Security Agency.
4. The work of the Bureau of the Census in the field of vital statistics was transferred to the United States Public Health Service.

This reorganization plan also contained the following important provision:

In order to coordinate more fully the administration of grant-in-aid programs by officers and constituent units of the Federal Security Agency, the Federal Security Administrator shall establish, in so far as practicable, (a) uniform standards and procedures relating to fiscal, personnel, and the other requirements common to two or more such programs, and (b) standards and procedures under which a state agency participating in more than one such program may submit a single plan of operation and be subject to a single federal fiscal and administrative review of its operation.

Branches of the Federal Security Agency

The Federal Security Administrator, acting in accordance with the authority vested in him, created four main operating branches of the Federal Security Agency as follows:

1. The Social Security Administration, under the direction of the writer of this article, who has been named Commissioner for Social Security.
2. Education, under the direction of John W. Studebaker, Commissioner of Education.
3. Health and Medical Care, under the direction of Dr. Thomas Parran, the Surgeon General of the United States Public Health Service.
4. The Office of Special Services, under the direction of Mrs. Jewell Swofford, who has been named Commissioner for Special Services.

The Social Security Administration includes all of the previous functions of the Social Security Board and in addition the activities of the Children's Bureau. Education includes the Office of Education and in addition the federal functions relating to the American Printing House for the Blind, Columbia Institution for the Deaf, and Howard University. Health and Medical Care covers the United States Public Health Service, including Freedmen's Hospital, and in addition the activities of St. Elizabeth's Hospital. The Office of Special Services includes the Food and Drug Administration, Office of Community War Services, Office of Vocational Rehabilitation, and the Bureau of Employees' Compensation and Employees' Compensation Appeals Board (which take the place of the United States Employees' Compensation Commission).

New Staff Offices Set Up

In addition to the staff offices that had previously been set up within the Federal Security

Agency, the Federal Security Administrator set up two new staff offices of great importance, one dealing with federal-state relations and the other dealing with inter-agency and international relations.

The principal functions of the Office of Federal-State Relations, as its name implies, will be that of assisting the Administrator to effectuate the purposes of section 10 of the Reorganization Plan No. 2, which was quoted above. Mr. George E. Bigge, a former member of the Social Security Board, has been named as Director of this office. Mr. Bigge will work in cooperation with the various bureaus and offices of the Federal Security Agency to establish principles on the basis of which sound federal-state relations can be further developed, and will make recommendations to the Administrator of ways in which such relations can be better effectuated by the units of the Agency.

The Office of Inter-Agency and International Relations will be responsible to the Administrator for coordinating the relationships of the agency with other federal agencies, international agencies, representatives of foreign governments, and organized groups in the fields of health, education, social insurance and related programs. Mrs. Ellen S. Woodward, a former member of the Social Security Board, has been named as director of this office.

Result of Reorganization

The result of the foregoing plan of reorganization is a very simple top structure consisting only of the heads of the four operating branches. The relationship between the operating branches and the staff offices is the usual one. There is a direct operating line from the Administrator to the heads of the four operating branches. This represents what might be called the vertical organization of the agency. There is also a direct line from the Administrator to each of the staff offices dealing with agency-wide policies and procedures. This represents what might be called the horizontal organization of the agency. The personnel in the operating branches will be under the supervision and direction of the heads of the branches, but the staff officers will have the requisite authority not only to advise the Administrator on agency-wide activities falling within their respective spheres but also to act for the Administrator in assuring that the heads of the operating branches put into effect and maintain such policies and procedures in their respective branches.

Probably the changes of greatest interest to social workers are the abolition of the Social Security Board and the transfer of the functions of the Children's Bureau (exclusive of its Child Labor Division).

Functions of the Social Security Board

The Social Security Board had been in existence since the Social Security Act became law on August 14, 1935. During that time the personnel of the Board members remained remarkably stable. In fact, there had been no changes in that personnel since December 30, 1938.

During the years of its existence the Board created an administrative organization consisting of three operating Bureaus and a number of service Bureaus. The three operating Bureaus were the Bureau of Old-Age and Survivors Insurance, which as its name implies administers the benefit provisions of the old-age and survivors insurance system; the Bureau of Employment Security, which administers the provisions of Title III of the Social Security Act relating to unemployment insurance; and the Bureau of Public Assistance, which administers the three titles of the Social Security Act relating to old-age assistance, aid to dependent children, and aid to the blind. The service Bureaus include the Informational Service, the Bureau of Accounts and Audits, the Bureau of Research and Statistics, the Office of the Actuary, and certain consolidated services dealing with personnel and business management. There is also an Appeals Council which hears appeals from decision of the Bureau of Old-Age and Survivors Insurance.

All of these foregoing Bureaus and functions are being carried on as formerly. The field organization of the Board, consisting of 13 Regional Offices, also continues to function as formerly, the Regional Director having the same relation to the field staff of the Children's Bureau as he has to the other Bureaus of the Social Security Administration.

The Office of the Executive Director under the Social Security Board has been abolished. His functions have been assumed in part by the Commissioner for Social Security and in part by a Deputy Commissioner.

Functions of the Children's Bureau

The great advantage of the transfer of the Children's Bureau to the Federal Security Agency is that it is brought in closer contact with the other programs of the Federal Security Agency designed to promote the health, education, welfare, and security of the American people. The Children's Bureau has been placed within the operating branch of the Agency known as the Social Security Administration. However, the Children's Bureau will continue to discharge the same functions as formerly in the fields of health and welfare.

There has been much discussion among social workers and others as to how the activities of

the Children's Bureau should be related to other activities of the Federal Security Agency. Some have argued that the welfare functions of the Children's Bureau should be assigned to a bureau of public welfare, which would include general welfare functions as well as the present activities of the Bureau of Public Assistance, and that the maternal and child health activities of the Children's Bureau should be transferred to the United States Public Health Service. Some of those who favor this approach believe that the Children's Bureau as such should be completely abolished, while others believe that the original research and promotional activities of the Children's Bureau under the 1912 Act creating it should continue to be exercised by the Children's Bureau.

As contrasted with those who believe that the functions of the Children's Bureau should be split up and redistributed, there are some who have felt that the Children's Bureau should be an operating division of the Federal Security Agency coordinate with the four divisions mentioned earlier. The decision that was made to keep the Children's Bureau intact as a Bureau within the Social Security Administration has the advantage of retaining a specialized agency charged with the responsibility for promoting all of the interests of children and at the same time relieving the Federal Security Administrator of the necessity of immediate supervision of the activities of a single Bureau.

Children's Bureau Inter-Relationships

It is well recognized that the interests of the Children's Bureau transcend not only divisional lines within the Federal Security Agency but also departmental lines within the federal government. Therefore its inclusion in one of the four operating branches of the Agency does not mean that barriers have been set up preventing the Children's Bureau from having the requisite freedom of maintaining direct contact with other units of the Federal Security Agency and with other departments of the government. The officials of the Children's Bureau will have the same freedom to maintain these contacts as do the officials of other Bureaus within the four operating branches of the Federal Security Agency. It will be one of the responsibilities of the heads of these operating branches to facilitate these direct contacts with other units of government, just as it will be the responsibility of the officials of the respective Bureaus to keep the heads of these branches informed as to these contacts.

The advantages of a specialized agency charged with responsibility for promoting all the interests

of children can be achieved without sacrificing the advantages of the integration of these specialized functions with other functions dealing with human welfare, such as health, education, and social security. The problem of specialization and integration is one that is involved in any form of administrative organization.

It is well recognized that specialization leads to greater efficiency in the discharge of a specialized function. It is also well recognized that specialization also carries with it the necessity for proper integration of the specialized functions so that each specialized function can be most effective in promoting a common objective. Under any form of organization the problem of proper integration can only be solved by developing the necessary inter-relationships and procedures to be observed by those carrying out these specialized functions.

Even before the transfer of the Children's Bureau the officials of that Bureau and the officials of the Bureau of Public Assistance were working together with a view to establishing uniform standards and uniform procedures in dealing with state agencies administering child welfare and public assistance programs. Likewise, the officials of the Children's Bureau and the officials of the United States Public Health Service were cooperating to develop uniform standards and procedures in working with state agencies administering maternal and child health programs and general health programs.

Since the transfer of the Children's Bureau, these joint discussions have continued and considerable progress has been made in the direction of greater uniformity of standards and simplicity in procedures. The common objective is to enable a state public welfare department, if it so desires, to submit a single state plan covering the administration of both child welfare and public assistance, to submit a single budget, and to be subject to a single audit and administrative review. Likewise, the common objective is to enable a state health department which administers a general health program and such specialized programs as maternal and child health, venereal diseases and tuberculosis control, to do the same thing with appropriate sections for the specialized services.

It is recognized that differences in the character of the programs administered by the same state agency may prevent this objective from being completely realized. However, so far as the federal agencies involved are concerned they will function as a single federal agency in their relations with state departments.

Report on the 79th Congress*

BY ELIZABETH WICKENDEN

Washington Representative, American Public Welfare Association

THIS is my final report to members of the American Public Welfare Association on the Washington scene before I take off to the traditional mountain-top looking for rest and (I hope) perspective. I ask your indulgence for a report in which facts are heavily weighted with opinion. These views are my own. They not only do not necessarily reflect APWA policy but it is quite possible they will not withstand the test of detachment. On the other hand I can't wind up a year as lively, eventful, and productive as this has been without making a stab at some sort of estimate of where it has led us.

The 79th Congress has gone home and the moment has arrived for stock-taking. Perspective on a tempestuous session of Congress such as we have just experienced is not easily acquired. It is hard to remember all that has happened to the country in its two years of service. It is hard to remember that the war ended only a year ago and to evaluate the readjustments which its ending imposed on our internal economy, our foreign relationships, and above all on our philosophical orientation.

It is little wonder that this Congress has been criticized roundly from the right and the left. People, confused and divided in their own attitudes, find it easy to blame Congress for reflecting the same confusion and division. "Conservative-minded" elements in the population had hoped that the ending of the war would see an immediate abandonment of irksome controls, a major restriction on governmental activity, and a reliance on the free play of economic forces for national readjustment and progress. "Liberal-minded" elements (and I use these terms in their popular meaning without intending to imply an evaluation even though most of us in the welfare field are occupationally oriented toward liberalism) had hoped that the ending of the war would free the forces of government to exercise greater leadership in assuring a higher level of opportunity and security to all people.

Public Welfare In Headlines

A Congress, elected in wartime, has had to carry the burden of political reconversion to peace.

* Because this letter to the members of the APWA contains an excellent summary of the work of the 79th Congress in social legislation, we have obtained permission from the APWA to make it available to members of the AASW.

They have worked hard, emotions have run high, bitter conflicts have developed, and considering the difficulties a surprising amount has been accomplished.

Our own field of public welfare has not been immune from these conflicts, emotions and pressures. While we can never again claim that our own objectives are "noncontroversial" and therefore wonder, a little wistfully, why they are not enacted, neither need we fear that our concerns will be shrouded under popular and political indifference. Assistance was the headline news of the closing days of Congress. Passions ran high, parliamentary maneuvering reached new levels of subtlety, and our old and up-to-now almost exclusive concern with "variable grants" achieved the ultimate distinction of being the center of a filibuster. Ours, however, was far from a lost cause and we can take a good deal of satisfaction in the ultimate outcome.

It is true that we did not see the enactment of our own APWA platform as incorporated in HR 5686, the Public Welfare Act, popularly known as the Forand Bill. On the other hand, it is surely significant that the Ways and Means Committee spent ten days of executive session in consideration of this bill and no other. It is important to remember that the majority of the Committee only agreed to put out a compromise measure (HR 6911, see below) on the understanding that the Forand Bill would again be considered by the Committee next January. Popular support for the bill among the general membership of Congress, both on the Republican and Democratic side, was gratifyingly widespread and a very real tribute to the interpretive job which has been carried on back home. None of this has been lost. The bill will be reintroduced with the 80th Congress, and Congressman Forand, as well as its many other supporters, have publicly and privately indicated their intention to press for its enactment. In the closing hours of Congress (August 2nd) Congressman Forand stated on the floor with respect to HR 5686 "When the next Congress convenes I shall follow the matter up and the committee has promised me that it will receive consideration."

The main obstacle to comprehensive enactment this session was time. When HR 5686 was first introduced and hearings begun before the Ways and Means Committee it was generally held by knowledgeable people in Washington, including

many members of the Committee itself, that there would not be time to put through any social security amendments this year. Hearings in the House were cut short, compromises made in the Committee, floor fights curtailed by parliamentary devices, Senate hearings dispensed with, all because of the pressure of time. The fact of *any* legislation and legislation which benefits the needy in all states, in the face of these handicaps, is little short of a miracle.

Results

What exactly did we get? Leaving aside for a moment the long and embattled process of enactment the Social Security Amendments of 1946 benefitted welfare programs by increasing the adequacy of assistance grants in all states and doubling the amount available for child welfare services. If a state passes on the benefit to recipients it receives, virtually without matching, an average additional federal payment of \$5 a month for each needy aged and blind person, and \$3 for each dependent child. While the bill does not specifically require it, it is clearly the intent of Congress as revealed in the debate that this additional benefit should be passed on to recipients in accordance with their need. The bill is, however, an improvement over the MacFarland rider added in the Senate to HR 5626, in that the addition is averaged over the total caseload and there is no necessity of making flat increases to each case regardless of individual need. Moreover the requirement that average state contributions be maintained as of May, 1946 is not included.

Specifically the bill provides that the federal government shall reimburse the states for two-thirds of the first \$15 in old age and blind cases, averaged over the whole caseload, and two-thirds of the first \$9 for ADC children. Above that amount matching will continue on a fifty-fifty basis up to a maximum federal payment of \$25 a month for the aged, and the blind and \$13.50 for the first child and \$9 for other children in ADC cases. The old concept of ceilings is scarcely applicable on the new dual basis of reimbursement but amounts in effect to \$45 a month for the aged and blind, \$24 for the first ADC child and \$15 for other children. These provisions apply to all states alike, become effective with the quarter beginning October 1, 1946, and are applicable only to the next five quarters. The bill also changes the basis of reimbursement for administrative expenditures in old age assistance to a fifty-fifty matching basis as in other programs.

This bill was put forward as a last-minute compromise to break the deadlock which had developed between the Democratic and Republican House conferees with respect to the variable grant provision which the Senate added to HR 7037. HR 7037 had passed the House without the vari-

able grant provision originally recommended in HR 6911 by a majority of the Ways and Means Committee because of the unwillingness of the Rules Committee to give a rule to a bill on which the sponsoring committee was divided. The minority members who would normally serve on the conference committee (Knutson, Reed and Woodruff) knew that the four majority members (Doughton, Robertson, Dingell and Mills) favored variable grants and would support the Senate position. Knowing themselves out-voted they therefore resorted to a series of parliamentary maneuvers to keep the bill from going to conference, including giving their tacit support to a filibuster which Marcantonio and other left-wing Congressmen were conducting against Rankin's effort to cite certain individuals for alleged contempt of the House Unamerican Activities Committee.

This was the situation up to 3:30 p.m. of August 1st, the day before scheduled adjournment. The prospects for any social security legislation looked very poor since the House Democrats (supported by many Republicans outside the Committee) and the Senate Conferees were determined not to let a bill go through which would benefit only the needy in the richer states while the three Republicans, supported by their colleagues on the Ways and Means Committee, were equally adamant against variable grants. So long as the filibuster continued, with neither the Rankin or the Marcantonio forces giving in, there was no way to bring the bill to a vote or get it to conference.

Although the assistance provisions were the only part of HR 7037 in serious controversy, there were other parts of the bill which were badly needed by other groups. Business interests were concerned by the fact that the OASI tax would have gone up to two and one-half per cent without the tax freeze. Maritime workers wanted the unemployment compensation coverage provided by the bill. Veterans groups wanted the OASI benefits. The supporters of the Children's Bureau programs wanted the increased authorizations for the Maternal and Child Health, Crippled Children and Child Welfare programs added in the Senate. The high income states wanted higher ceilings. Nobody wanted to go home and face their electorate with responsibility for having killed a bill clearly desired by a majority of both houses.

And so at the eleventh hour Knutson agreed to let the bill go to conference. Immediately the filibuster was broken, a special rule to permit immediate conference consideration was unanimously adopted, and the expected conferees appointed. The compromise was reached within a few hours and the conference report adopted by both houses without a roll-call vote.

In these circumstances the enactment of any bill at all may be viewed as a substantial victory for the social security program and the enactment of a bill that benefits, to some extent, the needy in all states may be viewed as a victory for the variable grant principle. Moreover the majority of both Committees are now committed to this principle, the Senate has given it overwhelming support and it may well be assumed that a majority of the House favors it in view of the efforts made to keep it from a floor vote.

It is well understood by both parties to the compromise that this is purely a temporary expedient to meet the immediate problem of rising living costs. The five quarter limit in the bill assures reconsideration before the end of 1947, although the Ways and Means Committee is apparently committed to earlier consideration of the problem. In the Senate a last-minute resolution was passed authorizing the Finance Committee to undertake a full-scale study of the entire Social Security program. The resolution provides for an advisory council to assist, consult with and advise the Senators conducting the investigation.

Progress in Child Welfare

The increase in the authorizations for the Children's Bureau programs should also be a great source of satisfaction to APWA membership and reflects in considerable measure the support rallied to these programs in connection with the Pepper Bill (S1318). At the same time it leaves for future determination the best longtime relationship of these programs to comprehensive health and welfare measures such as S1606 (the National Health Act) and the Forand Bill.

The closer integration of children's services will also be greatly facilitated by the President's Reorganization Plan No. 2, transferring the Children's Bureau to the Federal Security Agency, which became effective July 16, 1946. As soon as the plan became effective Federal Security Administrator Watson Miller announced his plan of internal organization. A description of this organization is included in the September issue of PUBLIC WELFARE.

While the operating details of internal relationship within the Social Security Administration have not yet been fully developed, it is evident that they will move in the direction of the closer relationship between assistance, child welfare and other types of welfare service so long advocated by the APWA.

The Appropriation Bill for the Federal Security Agency contained provisions for continuing the Civilian War Assistance Program for another year for the purpose of providing temporary aid and transportation for American citizens and their

children returned from areas of military operation to this country and for the return to the Philippine Islands and Hawaii of civilians evacuated during the war years. \$5,495,000 was appropriated for that purpose. Other wartime activities of the Federal Security Agency did not fare so well. Legislation to place the Social Protection Program on a permanent basis passed the Senate but failed of passage in the House. The Senate Education and Labor Committee reported a bill, (S2070) to continue the work of the Recreation Division but no action was taken on it. These activities are therefore being terminated.

Health Programs

Two important health bills were enacted into law by this Congress. The Hospital Construction Bill (S191) to extend financial aid to the states for statewide planning of needed hospital facilities and for actual construction in accordance with those plans passed both houses. \$75,000,000 annual appropriation for construction and \$3,000,000 for planning purposes was authorized. While maximum allocations among the states are based on relative per capita income, matching is the same for all states, one third Federal funds and two thirds state funds. The other important health bill setting up a National Institute of Mental Health (HR 4512) passed, but failed at the last moment to secure an immediate appropriation. No action was taken on the comprehensive National Health Bill (S1606) but extended hearings were held by the Senate Education and Labor Committee.

Employment Service

Other action taken by this Congress of interest to public welfare included that returning the public employment offices to state jurisdiction by November 16, 1946, liberalizing the provisions of the Railroad Retirement Act (HR 1362) extending terminal pay in U. S. bonds to enlisted men (HR 4051) extending aid through the Federal Works Agency for the construction of facilities to educational institutions serving veterans, extending and modifying the Price Control Act, and providing for the reorganization of Congress (S2177). While the reorganization of Congress included in the Senate a Committee on Labor and Public Welfare as recommended by the LaFollette-Monroney Report, jurisdiction on social security legislation was left in the Senate Finance and House Ways and Means Committees.

Bills of interest introduced in the closing days of Congress included HR 7222 (introduced by Representative De Lacy) to establish a National Geriatrics Institute, (S2503) introduced by Senators Taft and Fulbright) to establish a Department of Health, Education and Security, and S2499 (introduced by Senators Murray, Morse

and Pepper) to provide a ten year program of federal aid to the states in the education field covering general equalization of education opportunities, scholarships and fellowships, planning and construction of school buildings, and camping programs.

In general and considering the confusion of the country it has proven to be a surprisingly productive session. To my mind its most serious failure was the bottling up in House committee of the Wagner-Ellender-Taft General Housing Bill after its passage in the Senate. I am also troubled by the lack of real interest shown in strengthening the social insurance program. Some way must be found, it seems to me, to divert the very widespread interest in pensions away from assistance and toward insurance. An increasing number of people are beginning to talk about a

program of extending OASI insurance to provide universal coverage, raising minimum benefits, and blanketing all workers now retired from employment in at the minimum level. Our Budget Bureau friend, Geoffrey May, has gone to England to study the operation of their social security system to see what light their experience can shed on our problems.

To the extent that this has been a successful year for public welfare, and I feel it has, it is largely due to the fact that public welfare officials and workers throughout the country found a common ground and merged their efforts in seeking common objectives. It has been a very great satisfaction to your Washington Representative to serve such a widespread group of likeminded people whose first concern is always for the human values.

Public Assistance Amendments to the Social Security Act

BY JANE M. HOEY

*Director, Bureau of Public Assistance, Social Security Administration,
Federal Security Agency*

THE changes brought about in public assistance by the 1946 amendments to the Social Security Act necessitate a review of the major provisions effective prior to October 1, 1946. From February 1936 to January 1, 1940, the federal government made grants to the states with approved plans for old-age assistance and aid to the blind on a 50-50 matching basis up to a maximum of \$30 per month per individual. In addition, federal funds were available to pay 5 per cent of the federal assistance grant for aged and blind, which amount could be used for assistance or administration. Federal grants to states for aid to dependent children represented one-third the cost of assistance within maximums of \$18 for the first dependent child in a family, and \$12 for each other eligible child, plus one-third of the cost of administering the program.

Amendments to the Social Security Act in 1939 raised federal matching maximums on aged and blind from \$30 to \$40 per month and increased the federal share in aid to dependent children assistance payments from one-third to one-half, effective January 1, 1940. The basis for federal grants for administration also was changed for aid to the blind and aid to dependent children,

to 50 per cent of the cost, but for the aged it remained the same 5 per cent of the federal assistance grant.

Although the Social Security Act, as amended, provided that 50 per cent of the cost of assistance under these three programs could be met out of federal funds, actually the federal share was less in the majority of states for aid to dependent children and in a substantial number, for the other two programs. In these states the amounts of payments above the federal maximums were relatively large.

1946 Public Assistance Legislation

In August 1946 temporary public assistance legislation was enacted by Congress effective from October 1, 1946 to December 31, 1947. The federal matching maximums were increased for the aged and blind from \$40 to \$45 per month, and for dependent children, from \$18 to \$24 per month for the first child and \$12 to \$15 for other children. Also the 50-50 matching of individual cases up to federal maximums was changed. The new amendments require determination by each

state of the amount of expenditures for each case above the federal maximums and deduction of this amount from total expenditures. Then the aged and blind case load is multiplied by \$15 and the number of children receiving aid is multiplied by \$9; two-thirds of these amounts are the federal share for this portion of the states' expenditures. For the remaining portion of the states' expenditures within the federal maximums, federal matching is available on a 50-50 basis. In those states where the total assistance expenditure within the maximums for any category is less than \$15 or less than \$9 times the case load, then the federal share is two-thirds of whatever amount the state expends.

How the Amendments Work

To illustrate: A state expended in September 1946, \$400,000 for old-age assistance. Of this, \$100,000 was above the federal maximums as determined on a case by case basis. The amount of \$100,000 is deducted from \$400,000, leaving \$300,000 to be used as a basis for computing the federal share of assistance payments. The old-age assistance case load is 10,000. Multiplied by \$15 it equals \$150,000. Two-thirds of this is \$100,000. One-half of the remaining portion, or \$150,000, equals \$75,000. Therefore the federal share in this case is \$175,000.

Another illustration: The case load of dependent children is 50,000 and total expenditures in September 1946 for this category were \$800,000. Expenditures over the federal maximums of \$24-\$15, were \$200,000. Deducting this amount from \$800,000 leaves \$600,000 to be used as a basis for computing the federal share of assistance payments. Multiplying 50,000 by \$9 equals \$450,000. Two-thirds of this amount equals \$300,000. One-half of the balance equals \$75,000. \$300,000 plus \$75,000 equals \$375,000, the federal share of the \$600,000 state expenditure. The federal share is thus based on the average payment for the entire case load rather than on a matching of individual payments. The federal maximums on individual payments, however, must be used to determine those portions of payments in which the federal government does not participate.

For the three public assistance programs the federal government will now pay 50 per cent of the cost of administration. In a few states where individual assistance payments are relatively high this will involve some decrease in federal funds. For most states the change from 5 per cent of the federal grant for old-age assistance to 50 per cent of the administrative cost will mean more funds for operation. Also uniformity in determining the amount of the federal grant for administration for all three categories should enable states to simplify their methods of accounting.

Amount of Money Available

On the basis of case load and average payments in July-December 1945, the amendments will make available to the states approximately \$114 millions of federal funds for three-quarters of the fiscal year 1947, or about \$190 millions for the five quarters October 1, 1946 to December 31, 1947. Case loads in the three categories are increasing and the average assistance payments have had to be adjusted upwards to meet increased costs of living. There is every reason to believe that this trend will continue for some time to come. If state appropriations are increased in the near future to meet the growing need for assistance, the additional federal funds may exceed these amounts. However, if any number of states replace substantial portions of state appropriations with the additional federal funds, then the intent of Congress to have the public assistance recipients benefit as much as possible by the increased federal funds will be defeated. In this case, the amount of new federal funds actually made available to the states may be less than the amounts indicated.

In any event whatever action is taken by the states as to the new amendments the total federal funds for the three public assistance programs for the fiscal year 1947 will be over \$500 millions. This amount added to state and local appropriations should make possible substantial gains in all states in providing a minimum content of living to three groups of needy persons: the aged, the blind, and dependent children living in their own homes or those of close relatives.

In many low income states average payments for old-age assistance and aid to the blind are fairly close to \$15 and those for a dependent child close to \$9. Therefore these states will benefit greatly by the new amendments as the federal share of average payments that do not exceed \$15 and \$9 is \$2 federal to \$1 of state money. Of course, the high income states will benefit also but not as much as the low income states. Usually average assistance payments in the high income states are well in excess of \$15 and \$9, and the federal share of this excess portion of the payments up to the federal maximums is \$1 federal to \$1 of state money.

Increase in Federal Grants

In spite of decreasing case loads of aged and blind recipients from 1942 to 1945 and of dependent children from 1942 to 1944, the total federal funds expended for public assistance has steadily increased in the last 11 years since passage of the Social Security Act. The following table compares the peaks and low points in the three categories:

Recipients and Average Monthly Payments under Approved Plans, for Selected Months

	Month	Peak		Low Point			August 1946	
		Number	Average Payment	Month	Number	Average Payment	Number	Average Payment
Old Age Assistance	June 1942	2,254,000	\$21.83	August 1945	2,033,000	\$29.97	2,127,000	\$31.82
Aid to Dependent Children								
Family	March 1942	396,100	\$34.11	October 1944	251,365	\$44.54	318,526	\$54.07
Children		959,196	\$14.17		633,191	\$17.68	816,790	\$21.09
Aid to the Blind	December 1943	57,619	\$27.51	September 1945	54,968	\$31.12	58,341	\$33.28

The availability of work at good wages in war industries and related activities and dependents' allowances from men and women in the armed forces largely account for the decrease in case loads. The recent rise is due chiefly to the lack of such resources.

Variations in the States

Recipients' rates vary greatly in the states. During June 1946, the two extremes among the states were Oklahoma's 538 old-age assistance recipients per 1000 persons aged 65 years and over, and Delaware's 52. The national average was 205. Oklahoma also had the highest recipient rate for aid to dependent children, 64 per 1000 children under 18 years of age, in contrast to New Jersey's 8, the lowest rate. The national average was 19. California had the highest recipient rate for aid to the blind, 55 per 100 estimated blind population as contrasted with 6 in Connecticut. The national average was 28. Recipient rates however do not always indicate a true picture of the number of potentially eligible persons. In a few states for limited periods, and usually because of lack of funds, intake has been closed either on a state-wide basis, or in some localities, or applicants have been kept on waiting lists for long periods of time.

The method of determining need in some states has excluded persons who would be eligible in other states. Also the basis for distributing federal, state and local funds as between localities has in many states prevented the giving of assistance in whole or in part to persons who did not have sufficient resources to secure the essentials of living. Restrictions in state laws such as residence and citizenship requirements, frequently prevent otherwise needy persons from receiving assistance. During the war when most states had substantially increased revenues, additional appropriations were made for public assistance and individual assistance payments were raised. The purchasing power of recipients, however, has not necessarily improved since the cost of living during that period, and since, has risen.

In addition to increased state appropriations, changes in laws are necessary to enable states to take full advantage of the new amendments.

Fortunately 45 state legislatures meet in regular session in 1947 and if action to liberalize public assistance provisions is taken at an early date, the state administrative agencies can readily put these into effect.

Temporary Nature of the Legislation

The temporary nature of the 1946 federal public assistance legislation should be kept in mind in suggesting amendments to state laws. These should not be so specific especially as to maximums so that special sessions of state legislatures would have to be called in 1948 if federal legislation is again modified. Some states now have general provisions in their public assistance legislation that enable them to conform to federal requirements and maximums or to go above these when the Federal Social Security Act is amended.

Even without legislative changes many state welfare directors are finding it possible to make rapid and substantial progress in improving their public assistance programs by taking major responsibility for financial and administrative planning and action to see that at least three groups of needy people wherever they live within the state receive financial aid and other welfare services as state resources permit. Public assistance and related laws and state plans are being carefully reviewed to see that every advantage is being taken of federal resources and what is required to establish more fully the right to assistance and equitable treatment for individuals in similar circumstances throughout the state.

The staff of the Bureau of Public Assistance is working with each state agency to give whatever help is desired. All state laws and plans have been reviewed and suggestions made as to changes that will strengthen the program and enable the state to receive the maximums in federal funds. Each state has the benefit of information about effective policies, standards and practices in other states. Particular emphasis has been placed upon the necessity for maintaining open intake at all times, for reducing to a minimum the waiting period before eligibility is determined and assistance paid, for establishing state-wide standards of assistance that are uniformly applied as to requirements and evaluation

of resources, and for developing methods of apportioning federal and state funds among localities so that state standards can be in effect in all parts of the state.

Recommendations of the Social Security Administration

While adequate assistance on a continuing basis as required to supplement the eligible individual's own resources is a major objective of the state welfare departments, the Social Security Administration and the Bureau of Public Assistance recognize that this cannot be achieved without further amendments to the Social Security Act.

Among the major recommendations made by the Social Security Administration to Congress over a period of years are the following: that federal funds be made available to the states on the same basis as for the other three categories to provide assistance and other welfare services to all needy persons without regard to residence, citizenship, or cause of need; that the federal share of the cost of public assistance programs be greater for the low income states and be based on some objective standard related to need, with no less than 50 per cent for any state; that the cost of providing medical care for needy persons be shared by the federal government on the same basis as for assistance but without maximums on individual payments and that states have the opportunity where desirable of making direct payment to vendors of medical care; that the aid to dependent children maximums be eliminated or

substantially increased and provision made for assistance to the parent or guardian caring for the children and that maximums for the aged and blind also be raised or eliminated.

The inadequacy of the present federal maximums on aid to dependent children payments can best be shown by the fact that excess payments have to be made by every state having the resources and legal power to do so. Even with the new maximums, federal funds will only meet about one-third of the cost.

Influence of Social Insurance Programs

In considering the future of public assistance programs it is important to see the way in which these will be influenced by the character and scope of the social insurance programs. In recent months in eight industrial states, the numbers of persons qualified to receive old-age insurance benefits exceeded the number of old-age assistance recipients. In six industrial states the number of children qualified to receive survivors' benefits have exceeded those receiving aid to dependent children. In contrast in the agricultural states, the numbers of aged persons and dependent children receiving assistance greatly exceeds the number qualified to receive old-age and survivors' benefits. Obviously, unless there is an extension of old-age and survivors' insurance to agricultural workers, an increasing burden will fall upon the agricultural states to provide through public assistance for those persons who might otherwise have their needs met through social insurance.

1947 DELEGATE CONFERENCE

Our recommendation of the Time and Place Committee, the 1947 Delegate Conference of the AASW, will be held in San Francisco on April 11, 12 and 13, 1947, the three days preceding the National Conference of Social Work.

What the 79th Congress Did for Children's Services

BY KATHARINE F. LENROOT,

Chief of Children's Bureau, Social Security Administration, Federal Security Agency

VARIOUS measures passed by Congress at its last session can become stepping stones to major advances for children in the future if states, communities and citizens turn them to immediate and vigorous account.

Both directly and indirectly health services for children got strong support: directly, in Public Law 719 amending Title V, Parts 1 and 2, of the Social Security Act by increasing grants that can be made to states for maternal and child health and for crippled children, and in Public Law 396 which authorizes grants to states for school lunch programs; indirectly, in Public Law 487, the National Mental Health Act, and in Public Law 725, the Hospital Survey and Construction Act.

Public Law 719

Against the background of Senator Pepper's Maternal and Child Welfare Act (S. 1318) and Title I of the Wagner-Murray-Dingell National Health Act (S. 1606), both of which would have made possible broad national programs of health services for all children, Public Law 719 is modest indeed but nonetheless welcome. Under this law, the Congress almost doubled the federal funds that may be given to the states for health services for mothers and children under the Social Security Act, as amended in 1939, increasing them from \$9,690,000 to \$18,500,000. Public Law 663 appropriated the money for 1946-47. The Virgin Islands, for the first time, are added to the Territories to receive a part of the money.

When the Social Security Act was passed 11 years ago, Congress accepted the principle that the federal government has a responsibility for aiding the states in providing health services for children. The federal government's contribution to these services was limited in 1935 to \$6,650,000 annually.

Through the years these grants have greatly stimulated the growth of health services for mothers and children, but they have never been large enough to meet the needs of more than a limited number of mothers and children. As the Children's Bureau brought out in testimony at various hearings during the past Congressional session, 3 out of 4 rural counties still provide

mothers with no regular monthly maternity clinics under public health auspices; 2 out of 3 are without monthly well-child clinics; 2 out of 3 still have no public health nurse. Some 200,000 mothers a year still have their babies without benefit of any medical attendance. Hundreds of thousands of children still grow up with little or no supervision of their health and virtually no medical care. Last year 20,000 crippled children were on state lists to receive care but could not get it.

Now under Public Law 719 federal aid for maternal and child health services is upped from \$5,820,000 to \$11,000,000, and for services for crippled children from \$3,870,000 to \$7,500,000.

Matching By State or Local Funds

One-half of the \$11,000,000 now authorized for maternal and child health grants must be matched by state or local funds. States share in these matchable funds as follows: a minimum of \$35,000 must go to each state; the remainder of the \$5,500,000 is allotted in the proportion that the number of live births in each state bears to the total number of live births in the United States. The other half of the amount authorized, for which matching is not required, is allotted to the states according to the financial need of each for assistance in carrying out its plan.

Similarly, under the crippled children's section of the new law, one-half of the total \$7,500,000 authorized must be matched by state funds. From half of this fund, a minimum of \$30,000 goes to each state, and the remainder of the \$3,750,000 is apportioned according to the need of each state after taking into consideration the number of crippled children in the state and the cost of furnishing services to them. The other half is allotted to the states according to their financial need for assistance in carrying out their plans, and does not have to be matched.

States' Use of New Funds

Since the passage of Public Law 719, the U. S. Children's Bureau has been conferring with state directors of children's health services and with its Advisory Committees to work out with them programs for the use of the new funds. Thousands

of mothers and children who were never reached before with such services can now be reached. New groups of physically handicapped children can be helped. Each state will decide for itself how its additional money is to be put to work in behalf of mothers and children. Some will undoubtedly undertake new programs, some will simply expand existing programs. But none of them, for all the extra funds, can possibly meet the health needs of all their children for two very obvious reasons—the serious lack of professional workers and the inadequacy of even the enlarged funds. On the first score, the states give signs of wanting to use more of their budget for training of personnel, and the Children's Bureau is giving them every encouragement to do so. On the second point, debate in Congress makes amply clear that federal funds for the support of these programs will more nearly approach needs when health agencies and citizens, working together, do a more vigorous job of demonstrating those needs.

Emergency Maternity and Infant Care

Of all the health programs for mothers and babies which this country has ever had the one that has been backed by the most generous and most consistent support is the Emergency Maternity and Infant Care program for servicemen's wives and babies. From its beginning in March 1943, this program has had the unanimous backing of Congress. When it was carrying its maximum load in the fiscal year 1944-45, this program received \$45,000,000 from Congress to pay all the medical, hospital, and nursing bills of eligible wives and babies. In its three and one-half years, a million babies have been born with this help from the federal government, and more than 100,000 who have become sick during their first year of life have received medical and hospital care at no expense to their families. With the large reduction in the size of the Army and Navy, the E. M. I. C. program has naturally shrunk in size but it has lost no support from Congress. For the new fiscal year, Congress has appropriated \$16,664,000, the amount that the Children's Bureau estimates will cover the necessary expenses. The U. S. Children's Bureau continues to administer these grants as it did during the war.

Federal Aid for School Lunches

Even children know these days that the food they eat has a large bearing on the kind of health they have. Federal aid to the states for school lunches, which Public Law 396 authorizes for the first time, is a child health measure of great importance. For years the U. S. Department of Agriculture has been using some of its surplus-removal funds to supplement school lunches.

Always the primary justification has been, not the improvement of child health, but the need to bolster farm prices. Public Law 396 recognizes for the first time that federal aid for school lunches is not merely a device for getting rid of farm surpluses by putting them on the lunch plates of school children. It is a legitimate need of children, whatever the level of farm prices. Here is a new assumption of federal responsibility for child health. Students of political science will doubtless be interested in comparing the \$75,000,000 authorized for grants to states for school lunches in 1946-47 with the \$18,500,000 authorized for grants to strengthen all child health services provided by states.

National Mental Health Act

The most zealous of child specialists is aware that gains made in general health services are, directly and indirectly, gains for children. For this reason, child health specialists welcome the passage of the National Mental Health Act (Public Law 487) and the Hospital Survey and Construction Act (Public Law 725).

The National Mental Health Act is intended to do in the field of mental health what the Public Health Service Act does in the fields of tuberculosis and venereal disease; that is, promote training, stimulate research, and assist state programs of prevention through grants-in-aid. A National Institute of Mental Health, for training and research, is also authorized. This Act should greatly increase the mental health resources in states and communities for service in both the preventive and treatment fields. Its training program should make more workers available. Its emphasis on prevention should mean special attention to the promotion of specialized services for children. While the Act, as passed, authorizes \$10,000,000 as grants-in-aid to states for mental health, and \$7,500,000 for the erection of a National Institute of Mental Health, these amounts were not appropriated before the adjournment of the 79th Congress. It is hoped they will be appropriated by the next Congress. Meantime, the U. S. Children's Bureau is working closely with the new Mental Hygiene Division of the U. S. Public Health Service, developing plans relative to specialized services for children, in anticipation of federal grants.

Hospital Survey and Construction Act

More centers for child health services and more maternity and pediatric beds in hospitals should become available through the passage of the Hospital Survey and Construction Act (Public Law 725), to be administered by the U. S. Public Health Service. This Act authorizes grants to states, including (1) \$3,000,000 for state-wide

surveys and planning, and (2) \$75,000,000 annually for 5 years for the construction of public and other nonprofit hospitals and related facilities. Two-thirds of the cost of building and equipping whatever facilities states decide to have must be borne by their sponsors.

This program will make a significant contribution to our goal of developing a well-knit network of hospitals and health centers that will cover the nation, typing the remotest crossroads into the big metropolitan hospital centers.

Need for Increased Child Welfare Services

The act expanding the basic Social Security programs for child health (Public Law 719) also increased the funds available for grants to states for child welfare services from \$1,510,000 to \$3,500,000 annually. As in the case of child health services, the new Act makes no change in the basic purposes or scope of the child welfare services, except to extend them to the Virgin Islands. While states are not required to match these federal funds by any specific amount, the latter may be used only to cover part of the cost of child welfare services in local areas, and for developing state services for encouraging adequate methods of community child welfare organization. Each state is assured a minimum of \$20,000, and the remainder is apportioned according to the relation of a state's rural population to the total rural population of the United States.

In more than doubling the federal government's previous contribution to child welfare services, Congress had before it the testimony on the need of state and community services for children which had been presented to the Senate Committee on Education and Labor and to the House Subcommittee on Aid to the Physically Handicapped. Some 4 million children, this testimony showed, have lost one or both parents; at least 60,000 of these are children of men who died in the last war. Nearly one million children come to the attention of the police each year; 250,000 of them are in serious enough trouble to reach the juvenile courts. Eighty thousand children are born each year to unmarried mothers, at least half of whom are little more than children themselves, under 20 years of age. A quarter of a million dependent and neglected children are in institutions; many thousands are in need of foster-home care. Many children lack supervision and guidance because their mothers are employed or are ill, or for other reasons. In 1944, 2,770,000 mothers of children under 14 years were employed, most of them because of economic necessity.

The report of the Senate Committee on Finance, recommending the passage of the Social Security Act Amendments of 1946, noted the need for

additional funds "to expand child welfare services for dependent and neglected children and children in danger of becoming delinquent, including foster care, day care, detention and other temporary care for children as essential parts of a child welfare program." These were the services recognized in the bill introduced by Senator Pepper for himself and 9 other Senators, and by Representatives Norton, Kelley and Patterson in the House. The report of the Senate Committee pointed out that in state after state the demand for services of local child welfare workers is greater than the supply. Approximately five out of six counties do not now have the services of a full time child welfare worker. The committee report noted that 39 states reported need for funds for foster care, that many states report lack of facilities suitable for children coming to the attention of the courts and the police, and that many report the need for funds to establish day care services for children of working mothers. The Committee on Education and Labor advised the Senate Finance Committee that the whole problem of a health and welfare program would have to be given thorough study at the next session, but because of the immediate need for additional funds to expand the present programs of Title V of the Social Security Act, increases were recommended pending study of a more complete program.

Obviously the amount of money provided by Congress will enable the states to give only a small part of the service recognized as needed in the report of the Senate Finance Committee. Careful planning is being done by the Children's Bureau in cooperation with the state agencies as to the ways in which the money may best be utilized.

Gains in Child Welfare Work

Despite the limited support which the states have received from the federal government in the past for their child welfare work, significant gains have been made in the 11 years of the Social Security Act. State plans, submitted to the U. S. Children's Bureau, show a growing emphasis on services for the prevention of social handicaps of children. Closely allied to the concept of providing preventive and protective services to individual children is that of developing community services that tend to prevent dependency, neglect, and delinquency. Increasingly, workers paid in whole or in part from federal funds are cooperating with citizens and organized groups in communities in developing resources for all children that they may have a chance for normal growth and development.

Through the additional funds provided by Congress, it will be possible to expand state and local programs through the addition of child welfare

workers on staffs of state and local welfare agencies. More help can be made available to parents and children in the early stages of problems of behavior and neglect, as well as in treatment. More case work services will be possible by child welfare workers in cooperation with other agencies such as juvenile courts, police departments, and schools. Consideration is being given to the possibilities of using funds made available under this expanded program for helping some communities now without such resources to develop some of the facilities needed by a child welfare worker; for example, a place other than the jail where a child awaiting court action can be kept for a few days.

The states are expressing their desire to increase their training programs for workers and all possible help is being given them by the Bureau. Shortage of child welfare personnel has been a problem for several years. It has hampered, and continues to hamper, the development of programs to their full capacity. Data assembled by the Children's Bureau showed that as of June 30, 1945, one out of every six full time child welfare positions in public welfare agencies for providing non-institutional services to children was vacant. Some improvement in this situation appeared in 1946, but the shortage continues serious. Practically every state has some provision for training on the job, but many of the state programs are spotty. The new funds should help in this development. Raising salaries is another constructive effort to meet the serious shortage of personnel, and a number of states in 1946 have made provision for salary increases.

One of the most reassuring effects of federal aid to state child welfare programs is the way it appears to multiply local effort. Contrary to the assumption frequently made that federal funds tend to "dry up" state and local resources, state after state gives evidence that help from the fed-

eral government acts like a magnet in drawing out these resources.

As child welfare programs in the states grow, and their concepts become better understood by the community, the need for more comprehensive public welfare programs into which these child welfare activities can fit becomes increasingly apparent.

National Commission on Children and Youth

Much of the credit for the gains that were made in child health and welfare measures in the last Congress must be chalked up to the National Commission on Children in Wartime, a group of some 80 distinguished leaders in professional and civic groups who banded together in 1942 to advise and work with the Children's Bureau in behalf of children. Before the close of the war this Commission drew up a postwar program for "Building the Future for Children and Youth." This program called for a ten-year plan for extending health and welfare services to reach all mothers and children. Essentials of this plan were embodied in the "Maternal and Child Welfare Act," referred to earlier, introduced by Senator Pepper for himself and 9 other Senators in S. 1318 and Representatives Mary Norton in H.R. 3922, Augustine Kelley in H.R. 3994, and Ellis Patterson in H.R. 4059. While the measure never reached the floor of either house for action, it served as a stimulus to both in the passage of the Social Security amendments, and was reported favorably by the House of Representatives Committee on Labor.

At its final meeting in February 1946, the members of the Commission voted that it should be reorganized as the National Commission on Children and Youth to continue in peacetime their work of focusing public attention on the needs of children and formulating plans for meeting those needs.

INCREASE IN DUES EFFECTIVE JANUARY 1, 1947

According to action taken by the 1946 Delegate Conference the basic membership dues in the AASW will be raised from \$7.50 to \$10.00 beginning with bills sent to members whose dues are renewable in the January 1947 quarter. The national office will retain \$8.50 from each payment and will continue to refund \$1.50 to chapters. *Where local dues are higher or lower than \$1.50, members will be billed accordingly*—that is, for more than \$10.00 or in a few cases, less than \$10.00. There is no change in the student rate of \$3.00 per year.

Health Insurance—A National Political Issue

By JOSEPH H. LOUCHHEIM

*Executive Director, Committee for the Nation's Health **

NATIONAL health insurance came of age during the 79th Congress. It became a national political issue and met a competitor, even though the formal record indicates just another Wagner-Murray-Dingell Bill introduced and buried.

When in May of 1945 the Wagner-Murray-Dingell Bill (S. 1050, H.R. 3293), an omnibus measure covering the whole field of social security including provisions for health insurance, was introduced there were indications that it would receive no more consideration than its 1943 counterpart (S. 1161). It seemed as though health insurance was destined to remain an appendage to the inevitable social security structure of the day after tomorrow.

But just one year ago a unique event occurred which made national health insurance a star instead of a satellite. For in November 1945, the President delivered a full-length message to Congress dealing solely with health insurance and related health measures.

The Presidential Message

During the war years President Roosevelt referred in his speeches and messages to the "Economic Bill of Rights" including the "right to adequate medical care." However, because of his untimely death, he left to his successor the opportunity and obligation to recommend specific legislation to make this right obtainable.

President Truman did this in a special message to Congress in which he proposed a national health program consisting of five major parts:

1. National health insurance, covering most of the population, providing for comprehensive physicians' services and hospitalization; with supplementary provisions through federal grants-in-aid for medical care of needy persons not covered by the health insurance scheme.
2. Expansion of public health, maternal and child health services.
3. Federal aid for medical education and research.
4. Federal grants to aid in the construction of hospitals, clinics and health centers.

*The Committee for the Nation's Health was formed by laymen and physicians in the early part of this year to encourage active public interest in the prompt passage of the National Health Insurance legislation.

5. Protection against loss of wages from sickness and disability.

The President pointed out that national health insurance was the crux of his national health program:

Federal aid in the construction of hospitals will be futile unless there is current purchasing power so that people can use these hospitals. Doctors cannot be drawn to sections which need them without assurance that they can make a living. Only a nation-wide spreading of sickness costs can supply such sections with sure and sufficient purchasing power to maintain physicians and hospitals.

In the wake of this message the sponsors of national health insurance decided to introduce a new health bill apart from other amendments to the Social Security Act in order to have it considered on its own merits.

Wagner-Murray-Dingell Bill (S. 1606, H.R. 4730)

This bill was entitled the "National Health Act of 1945." Title I provided for federal grants to states to expand public health services, maternal and child health services, and medical care of needy persons.

Title II provided for a nation-wide system of prepaid personal health service benefits—national health insurance. The coverage included all employees in industry and commerce (except railroad workers), agricultural and domestic workers, employees of non-profit institutions, farmers, small business men and other self-employed persons and their dependents. Benefits included general medical care, surgical and other specialist care, maternity care, dental care, hospital care, nursing care, eye care, X-ray, laboratory services and physiotherapy. The cost of this comprehensive program would be paid by contributions from employees, employers and self-employed, supplemented by general tax funds.

Under the bill patients were guaranteed free choice of doctors, doctors were guaranteed the right to accept or reject patients, and hospitals were guaranteed freedom to manage their affairs. Voluntary plans were to be safeguarded and equitably compensated for their services. The plan was to be administered through the U. S. Public Health Service, utilizing state and local agencies.

The Hearings

The Senate Education and Labor Committee began hearings on S. 1606 early in April, and they continued through the first week in July. On the first day of the hearings, Senator Murray, the chairman of the committee, and Senator Taft, one of its members, got into a bitter argument. Senator Taft stalked out of the hearings stating that he would attend no more meetings of the committee. During most of the sessions, because of the pressure of other Senatorial duties, only two Senators were present, Senator Murray, presiding, and Senator Donnell, Republican from Missouri. Week after week, Senator Donnell stalled and stifled the committee hearings by quizzing witnesses for hours on end. At his elbow, feeding him with ammunition for this thinly veiled filibuster, was Miss Marjorie Shearon of the staff of the Republican National Committee.

During the more than three months that hearings were held, nearly one hundred witnesses testified and in addition many letters and statements were received by the committee. Although witnesses differed as to the degree to which medical needs were unmet, those favoring and those opposing the bill were both in agreement that a better method for the distribution of medical costs was essential, and practically all agreed that some prepayment plan was necessary. The argument resolved into private versus public insurance, local versus national action.

The Proponents

The hearings revealed more widespread support for the bill than had been anticipated and developed many constructive suggestions for its improvement.

As expected, the bill had the emphatic endorsement of all the labor groups, the A.F. of L., the C.I.O. and those sections of railroad labor affected. Union spokesmen declared that state medical society plans had proved completely inadequate to provide for the medical needs of union members.

Seventy-five per cent of the farmers were in favor of prepaying for medical care and 68 per cent wanted social security to cover doctor and hospital bills, according to the testimony of a representative of the Department of Agriculture. The National Farmers Union gave full endorsement to the bill. The American Farm Bureau and the National Grange withheld endorsement, but the latter gave constructive suggestions for improving the bill to make certain that rural needs were met.

Representatives of consumer-sponsored voluntary health plans endorsed the bill and testified that its enactment would strengthen and not destroy voluntary efforts. Expert testimony endorsing the bill was given by well known mem-

bers of the medical and dental professions. Their testimony on behalf of groups within the professions indicated a divergence of opinion from the official stand of the societies. Outstanding individuals in industry and the legal profession also testified in favor of the bill. Their testimony, as well as those of Protestant, Catholic and Jewish bodies, gave ample proof of the widespread support of the bill.

Two facts emerged from the proponents' testimony: the large and appalling extent of unmet need and the necessity for immediate national action.

The Opponents

The opposition came mostly from the National Physicians Committee, the American Medical Association, State Medical Societies, the Association of American Physicians and Surgeons, and Hospital Associations. The testimony took two forms: attacking the bill and making counter-proposals. The bill was denounced as socialized medicine, political medicine, dictatorial, a destroyer of the doctor-patient relationship, "the core of collectivist control under which freedom of enterprise in any form could not long survive." In general this testimony was a repetition of the material contained in pamphlets widely distributed by the National Physicians Committee, and could be totally discounted as malicious mis-statement of fact. A representative of that organization, the Chairman of the Board of Trustees, admitted that his organization had spent approximately one million dollars, and was in large measure supported by drug manufacturers. He also admitted that his organization had solicited funds claiming that contributions were deductible in income tax reports.

The counter-proposals, although less dramatic, were of greater significance since they clearly indicated the extent to which the opponents of national health insurance had been forced to give ground.

In contrast to a few years ago, when the American Medical Association denounced voluntary prepayment plans as "Socialism and Communism, inciting to revolution," the official position of the A.M.A., according to their testimony, was that, given time, voluntary plans approved or sponsored by the A.M.A. would be able to meet the need.

The Association of American Physicians and Surgeons, according to the Editor of the Journal of the American Medical Association, "proposes that the physicians of the United States strike against the sick public in case the Government of the United States should establish compulsory sickness insurance." Yet, at the hearings, this Association admitted the inability of voluntary insurance plans to meet the health needs of the nation without governmental support. They pro-

posed that federal and state funds should be used to purchase insurance from voluntary plans selected by state medical societies.

The Blue Cross Commission of the American Hospital Association admitted the limitations of voluntary plans and recommended federal grants-in-aid to state-approved voluntary plans "to enable the establishment of low subscription rates to people in the low income groups."

Thus the opponents admitted that a better method for the distribution of the unpredictable costs of medical care was essential. They eschewed a national health insurance scheme and placed their reliance on the development of voluntary schemes with or without federal subsidies. Throughout their testimony they carefully avoided the all-important fact of extent of benefits. Their counter proposals were limited solely to ways and means of increasing, through voluntary insurance, protection against catastrophic illnesses requiring surgical and hospital care. They totally ignored the problem of how to make comprehensive medical care—preventive, diagnostic and curative services by general practitioners, specialists, surgeons, and laboratory technicians—available to all.

Committee Action

Because of the prolonged hearings the committee did not have an opportunity to hold executive sessions or render a report. However, its Subcommittee on Health and Education, Senator Pepper, Chairman, in its fifth report, issued in July, summarized the results of its study of voluntary plans. Seventy-five per cent of the people were found to have no medical or hospital care insurance. Although 25 per cent had some form of insurance, 12 per cent had hospitalization only, 10.5 per cent were insured for partial doctor care and less than 3 per cent were entitled to comprehensive care. It concluded that voluntary plans could never meet the total need although they could perform useful functions within the framework of a national health insurance system.

The Competitor

As was to be expected, following the Presidential message by which health insurance was made a national issue, opponents of federal health insurance were forced to admit the need for some federal action. Therefore last May they introduced what they called a substitute measure for the Wagner-Murray-Dingell Bill. It was introduced by Senator Taft in association with Senators Joseph H. Ball and H. Alexander Smith, and was entitled "The National Health Act of 1946" (S. 2143).

The Taft Bill, although it was not officially endorsed by the A.M.A., seemed to be "just what the doctor ordered." It provided a federal grants-in-aid program to assist states to provide hospital

service and medical and surgical services in hospitals to persons unable to pay for such care. At the option of the state, medical services in the patient's home and in the doctor's office could also be provided. Each state was to determine its own "means" test and was authorized to make payments to voluntary non-profit health insurance plans in behalf of those who, after investigation, were found to be unable to pay a part or the whole cost of such insurance.

The bill provided a federal appropriation of \$200,000,000 annually. Each state had to contribute two dollars for every federal dollar received. The sponsors of the bill estimated that the federal and state funds together would take care of the medical needs of from 20 to 25 per cent of the population. The A.M.A. recently estimated that families with incomes under \$3,000 a year could not meet some of their sickness bills. Today more than 60 per cent of American families have incomes below this figure. Thus, the limited medical care program provided by this bill would assist only about one-fourth of those needing such service.

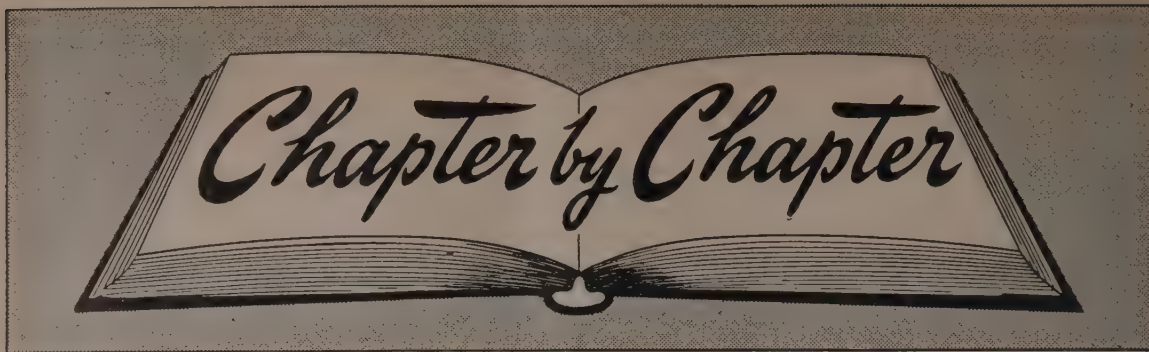
The Taft Bill would set up "poor man's medicine" with all the stigma of a means test and investigation of family resources. It would funnel public funds into Blue Cross hospital plans and medical society-sponsored voluntary insurance plans offering only limited service, yet would not provide consumer representation or public supervision. By requiring states to provide only limited medical services, it would impede the growth of voluntary consumer-sponsored health insurance plans offering comprehensive medical benefits, and it would discriminate against the general practitioner.

The Outlook

The introduction of the Taft Bill was of strategic significance. It gave the Wagner-Murray-Dingell Bill a competitor. It has clarified the issue—comprehensive health insurance as a right under public auspices versus limited public charity under what would amount to medical society control.

In the next Congress a revised and improved national health insurance bill presumably will be introduced, incorporating the constructive suggestions advanced at the hearings. Probably a new bill, aping the approach and philosophy of the Taft Bill although couched in more palatable terms, will be the counter-move of the opposition.

The 79th Congress established battle lines on the national health front from which the fight in the 80th Congress will commence. Today the national health insurance movement is not just another Wagner-Murray-Dingell Bill. Today, thanks to the 79th Congress, it is a national political issue.



Chicago:

Report on the Citizens' Committee to Extend Medical Care

IN November 1945 the President of the United States sent a message to Congress on the state of the Nation's health and calling for the establishment of a nationwide health and medical care program to supply the medical needs of all Americans regardless of income. The National Health Act of 1945 was thereupon introduced and is now pending in Congress. The AASW had gone on record at the Delegate Conference in 1944 in support of the Murray-Wagner-Dingell Bill including its health insurance provisions upon which the National Health Act is based. It was with enthusiasm, therefore, that we watched the Health Bill go up for hearings. As the months passed by, the enemies of the bill got out their big guns and the American Medical Association made the defeat of this legislation its No. 1 project of the year. It could not help but occur to the Chicago Chapter that the professional Association of Social Workers in the home town of the AMA should do its best to counteract the influence of the AMA and its propaganda agency the "National Physicians Committee for the Extension of Medical Service."

The Executive Committee authorized the Executive Secretary to use the name, prestige and finances of the chapter to organize a citizens' committee to work for the enactment of this legislation providing for—

1. Construction of Hospitals and Related Facilities.
2. Expansion of Public Health, Maternal and Child Health Services.
3. Federal Aid for Medical Education and Research.
4. A Program of Prepaid Medical Care.
5. Protection against loss of Wages from Sickness and Disability.

In the interest of future social action projects the fol-

lowing steps in organization and records of activities of the committee are presented:

I. The Call for Organization

In preparation: The chapter joined with the Physicians Forum, a group of physicians in favor of the bill, in holding a meeting to listen to Dr. Ernst Boas, Physicians Forum Chairman, a well-known physician of New York City. The Chicago Chapter of the Physicians Forum then agreed to be a co-sponsor in the plan to organize such a committee. The State, County and Municipal Workers of America and the United Office and Professional Workers of America were also sought and obtained as co-sponsors. A chapter member, Alton A. Linford, experienced in social action, was induced to become Temporary Chairman. The call for an organization meeting was then prepared by the AASW and sent out on Association stationery to every civic and community organization from which we felt support could be expected, asking (1) endorsement (2) attendance (3) general support for the bill.

II. Organization

The committee organized in the chapter office with 7 organizations endorsing and joining in the activities. The name *Citizens' Committee to Extend Medical Care* was selected. The chapter office became the committee's permanent address. Alton A. Linford, became permanent chairman and a physician, Dr. Deborah Dauber from the Physicians Forum co-chairman and the chapter Executive Secretary, Secretary-Treasurer of the committee.

III. Activities

After securing stationery with the committee letterhead, armed with the names of the original endorses, the committee continually added to its membership and to the delegate group attending until 15 organizations had affiliated.

This department of THE COMPASS reports on interesting projects developed by our chapters.

Contributions this month are from the Chicago Chapter of which Mrs. Florence Hosch is chairman, and the New York City Chapter whose chairman is Peter Kasius.

The committee met regularly every two weeks and subcommittees in between. The committee purchased as many reprints of articles and pamphlets in support of the legislation as could be obtained with chapter funds available for this purpose. This material was organized into Speakers' Kits and a call for speakers went out to a list of physicians and experts selected by the committee. Seventeen valiant people agreed to be on call as a Speakers Bureau. Announcements were then prepared and circulated offering speakers to organizations if they would arrange meetings for discussion of the National Health Act. This proved to be popular and many a club's program committee took advantage of the opportunity. Within a short time we had filled more than twenty-five engagements.

A *Radio* sub-committee was also organized and our committee chairman was heard on several networks and local programs. Reports of committee activities were made on the radio on numerous occasions.

The committee maintained continuous contact with our national organizations, the Physicians Forum, the Committee on Research in Medical Economics of which Dr. Michael Davis is chairman, and the American Association of Social Workers. When the hearings on the bill were begun before the Senate Committee on Education and Labor (Senator James E. Murray, Chairman) our committee promptly asked for an appointment to testify. When word was received that the Senate committee could not allot time to us for a hearing but requested a written report for the record, the committee chairman drafted the report. The committee met and discussed and agreed upon the report which was forwarded to Senator Murray in Washington within three days after the invitation.

A follow up letter was then prepared informing all member organizations of our progress and asking each separate organization to seek a hearing on its own—not with the thought that time could be had in Washington, but with the thought that more written statements could be entered into the Senate record.

News Releases

At this point, it seemed appropriate to announce ourselves to the city via the press. The resulting publicity was very gratifying and in the instance of the *Chicago Sun* somewhat overwhelming. Every Chicago paper carried the release and the AASW Chapter received congratulations from numerous out-of-town chapters and groups including our National Executive Secretary who read about us in the New York City newspapers.

As the hearings before the Senate Committee progressed and our committee met to study the

material printed in opposition to the bill, many things became apparent: The trend in public thinking was moving toward such legislation in the future if not now. The AMA tactics began to show change. The AMA became (fairly suddenly, in the light of history) proponents of health insurance, voluntary of course, and our committee felt that such a voluntary plan would be put forth by the AMA as a substitute in order to confuse and defeat the National Health Act.

At this point our committee had the only real controversial problem—the question as to whether the committee should use the experience of one of our member groups, the Civil Medical Center, a voluntary prepaid medical service in Chicago, to attempt to counteract the effect of the AMA testimony. Briefly summarized, this group represented the kind of voluntary plan the AMA is now belately putting forward to take the place of national legislation, while over the years, through its local unit, the Chicago Medical Society, it has persecuted the Civic Medical Center making it difficult for them to practice medicine, by expelling or excluding its staff from the Chicago Medical Society and thereby from the AMA, with the consequence of depriving them of the use of most Chicago hospitals. This seemed to the committee a made-to-order answer to the AMA and an obvious challenge of their sincerity. The Citizens' Committee, therefore, decided to forward to Senator Murray on the same day of the AMA testimony, a statement on this Chicago experience.

The Physicians Forum voted not to go along on this activity since the committee requested a Congressional investigation of the Chicago Medical Society's activities. The Physicians Forum members, being also members of the Chicago Medical Society, could not ask for an outside investigation of their own organization without giving it an opportunity—within the organization—to correct its "mistakes."

The tactics adopted by the committee were successful up-to-date to the extent that Senator Murray wired the committee inviting our chairman and other committee members to testify.

The committee is receiving donations from interested individuals and organizations often without solicitation in order to defray future expenses, including travel for the chairman to the committee to Washington. In the initial stages expenses were defrayed by the Chicago Chapter, AASW, by donation of space for the committee, regular secretarial assistance (assisted by the UOPWA), purchase of material and office supplies and miscellaneous expenses.

The committee has been invited to assist in the organization of two work shops—one for students and another for the Industrial Relations Center

summer institute located at the University of Chicago, on the subject of national health. It has sent speakers to schools, churches, various local units of the League of Women Voters, local groups of the Independent Voters of Illinois, Labor Unions, the Lions Club, various women's clubs, public forums in and out of the city, radio debates, medical students' and internes' groups and others. It plans to continue to offer these services in order to help build up a public sentiment for National health insurance legislation.

It now appears unlikely that the National Health Act will become law during this session of Congress. At any rate, since the bill will

continue as an issue before Congress and the country, we have laid the foundation for future action in the form of organization and education.

Our experience shows that it is possible, even with limited resources to organize an effective citizens' group composed of many different kinds of organizations with one mind in a particular field. We hope that what we have learned will guide us in the future in continuing to work for S 1606 or its equivalent as well as for other social legislation.

MARY B. WIRTH

*Executive Secretary,
Chicago Chapter*

JUNE, 1946

New York City:

Veterans' Organizations and Social Work

The most influential force shaping programs for veterans is the national membership organizations created by veterans for themselves. Since the beginning of the war, social workers have joined, and have sometimes led, efforts to plan and provide adequate, prompt and coordinated services to men and women who need help in making the transition from military to civilian life. Social workers are accustomed to cooperating with government officials, with church groups, with civic and fraternal societies, and with trade unions, but for many social workers relationships with veterans' organizations have been remote. When their paths have crossed in the past, indifference, suspicion and even hostility have too frequently characterized the attitude of social workers and the leaders of the veterans' organizations toward one another.

Recognizing the importance of the veterans' organizations, the Committee on Veterans of the New York City Chapter of the AASW has considered the following questions: At what points are the programs and purposes of veterans' organizations and those of social work similar? What have been the points of divergence between veterans' organizations and social work? How can social work cooperate with veterans' organizations to achieve their common purposes? This report is a summary of the information gathered by that committee, and of its discussion of these questions.

Because the American Legion is the largest and most powerful of the veterans' organizations, and because it has been especially active in legislation and has a comprehensive child welfare program, the committee has given the most consideration to its activities. Programs of two other of the large organizations, the Disabled American Veterans and the Veterans of Foreign Wars, were also considered.

The American Veterans Committee is a new and vigorous organization of veterans of World War II and of men and women still in the armed forces. Membership is open also to war-time merchant seamen. Although its slogan "Citizens First, Veterans Second" is based on a belief that the answers to veterans' problems lie in the welfare of the entire population, it is also concerned with seeing that veterans' rights are secured. The tone of its official publications is echoed by a sentence from "Veterans' Run-around," an article in Harper's Magazine for April 1945 written by Mr. Charles Bolte, Chairman of the American Veterans Committee. "There are many individual veterans problems, but the one overriding veterans problem is identical with the overriding national problem—how to create a more democratic and prosperous America in a world organized against war."

This report deals with the program of veterans' organizations under three main headings: group activities, service to individuals and social action. It describes some of the values in these programs, gives some examples of cooperation between the organizations and social work at points at which similar interests have been recognized, and gives some suggestions for the development of further cooperation. It also points out some of the areas in which differences are likely to exist. Obviously, veterans' organizations cannot be characterized as though they were all alike (any more than social work can be said to speak with a single voice). Obviously, too, local groups vary according to their leadership, and according to the mores and attitudes of their own communities. This report is not in any sense a history of veterans' organizations or a weighing of good against evil in their performance. It is an examination of ways in which social work, with its concern for veterans, may better relate itself to these other groups, organized by and for veterans and in their interest.

Group Activities

With all that the soldier gains in his release from regimentation and in the warmth of his home coming, there may still be a sense of loss, of isolation among strangers who have not shared and do not seem to understand or appreciate his army experience. At the headquarters of the veterans' organization he can talk with others who know, without being told, what he has endured, and who have lived through the same experience in learning to settle back into civilian life. Here he finds a pool table or a card game. Here, too, he may participate in efforts to raise funds for the local war memorial, to organize appropriate training courses for veterans in the public schools, or to further legislation for more adequate compensation for the disabled. In this organization, as well as in the Rotary Club or in the Church Brotherhood, he may work for general community causes—the care of tuberculous children, a municipal swimming pool or the Community Chest Drive.

For many men this association with other veterans furnishes a bridge back to civilian living. For even the most civilianized veteran, the veterans' organization may remain a congenial center for the same sort of social activity that the alumni association or the Elks Club provides.

Services to Individuals

In addition to their group activities, the veterans' organizations provide services to individual veterans and their families. Much of this work has official, governmental recognition and status. Thus the New York State Public Welfare Law requires certification by a representative of a veterans' organization of persons applying for veterans relief. (Ten organizations are named as having this responsibility in the 1941 Public Welfare Law.) In New York City, Welfare Officers of the veterans' organizations merely carry out this certification function, all the rest of the administration of veterans relief being done by the Veterans Division of the Department of Welfare. In most other communities of the state the veterans' organizations administer the veterans relief program, drawing on public funds, with considerable autonomy in their handling of clients.

Many of the veterans' organizations pay representatives to act in offices of the Veterans Administration as their Liaison Service Officers helping veterans and their dependents in filing and following applications for claims. There are also many volunteer Service Officers with similar claims functions. Some of the veterans' organizations have been authorized by the War and Navy Departments to assist veterans who have other than honorable discharges to apply for modification of these discharges through review boards in Washington, thus helping men who have made unsuccessful adjustment in military life to get official recognition of the reason for these difficulties.

These services are all given without charge to veterans and their families.

It will be seen that the Service Officers are in a strategic position to be helpful or harmful to many men and many families in serious trouble. The attitude of the person to whom a man makes his first application for public relief can be a tremendous factor in determining his ability to resume self-support in the future. Skill of a high order would be required to help a man to review and explain the personal and emotional problems which resulted in a blue discharge from the Army. This help should be given in such a way as to avoid increasing the tensions which caused the original difficulties. Social workers who are members of veterans' organizations can work for the establishment of sound policies governing the selection of their Service Officers. Moreover, trained social workers, working in paid administrative positions in the veterans' organizations or as Service Officers, can demonstrate to their fellow members and to those who seek their help the value of professional training and experience.

That at least one veterans' organization has recognized the technical nature of the Service Officer's job is proved by the training program established by the Disabled American Veterans at American University in Washington, D. C. The prospectus of the course issued by the University ends its definition of the work of a National Service Officer by saying: "The career is one which combines the professional techniques which may be compared with a lawyer practising before the bar and the human understanding and skill in counselling given by a social worker." This program consists of twenty-four weeks of academic instruction, followed by eighteen months apprentice training under the supervision of experienced Service Officers in regional offices of the Veterans Administration. In addition to other courses designed to make these students specialists in veterans benefits and legislation, courses are given in the techniques and functions of counselling, in sociology, and in physiology and medical disabilities. A seminar given in the second term is described as being "general consideration concerning mental hygiene and human development" and as including discussion of "the problems and methods of the psychiatric social worker."

This is an important beginning of a program for training Service Officers. It is probable that for many years to come social workers and their clients will be working with Service Officers who have not had even this much formal training for the case work aspect of their complicated jobs. It is fairly safe to assume that many of these officers share a commonly held opinion that social workers "investigate" too much, that they sacrifice service to administrative red tape, that they use meaningless language more than common sense,

and that their claim to special skills is mainly an attempt to exclude others from their jobs.

Another source of difference between Service Officers and social workers may grow out of a difference in point of view about the handling of individual cases. The Service Officer may believe that the success of his work for Mr. Jones is based on his ability to secure increased compensation for him and may seem to encourage him to emphasize his disability and his rights as a member of a special group. The social worker may believe that Mr. Jones will be best served by helping him to shed his identity as a veteran, and to use the energy which has gone into proving his disability in an effort to prove his ability to hold a job.

Here are areas of possible friction. How can better understanding be reached? Understanding begins with acquaintance. The social worker can learn to know some of the Service Officers, can find out what they have to offer clients, and can develop ways of using their services. Although it is essential that social workers who deal with veterans have substantial knowledge of the services and benefits available to veterans and their dependents, the process of securing such benefits is frequently complex. The Service Officer may be a consultant giving the social worker information in a field where only an expert can be clear about regulations and procedures. He may help in unraveling red tape, thus saving the client weeks of frustration. Perhaps the widow whose insurance is delayed can be referred to him to be certain that all the necessary forms are correctly executed. He may be able to help the veteran to expedite his claim. As he comes to know what the social worker does, he may wish in turn to refer to her the woman who has mentioned to him her need of a day nursery, or her worry about her sixteen year old daughter who is "keeping bad company."

Intake workers of the Department of Welfare are stationed in the Welfare Offices of the veterans' organizations in New York City to complete applications for relief after the eligibility of the veteran has been certified by the Service Officer. These intake workers should be carefully selected, with recognition of the fact that they can demonstrate in daily contact with Service Officers the kind of understanding, respect of the client's independence, and skill in interviewing which is case work.

Social Action by Veterans' Organizations

From the time the veteran is discharged until the government furnishes a flag to drape his coffin, he is entitled by law to certain rights and benefits if he needs or wishes to claim them. Veterans' organizations have a primary interest in the passage of such laws. Mr. Warren H.

Atherton, National Commander of American Legion, reported to the annual convention in 1944 the enactment of twenty bills establishing or liberalizing benefits to members of the armed forces, veterans and their dependents, in which the Legion Legislative Committee had been active. Of these the most important was the "G. I. Bill of Rights" which Mr. Atherton says was "conceived by the Legion, drafted by the Legion and pushed through Congress by the Legion." The veterans' preference bill he lists as their second major accomplishment of the year.

Social work also recognizes the responsibility of the government to furnish to the veteran the means of re-establishing himself in civilian life and to care for and compensate for the damage he has incurred in military service. It is important for social workers to emphasize positively their recognition of the function of the veterans' organizations in securing these rights. They are convinced of the tremendous value of the G. I. Bill of Rights, particularly in its provision for educational benefits. However, they meet many veterans whose training plans are complicated by long delays in receiving the sustenance allowances provided by the Bill. The allowances, themselves, are also, in many cases, inadequate to permit a man to take the training to which he is entitled.

Social workers should express to the veterans' organizations their concern about these problems, offering cooperation in determining what changes in the law or in procedure are necessary to carry out the purposes of the bill and in accomplishing these changes. They know that the veterans' hospitals are overcrowded, and out-patient services wholly inadequate. They should cooperate with veterans' organizations and all other citizen groups to see to it that disabled veterans get prompt and competent medical service.

The AASW is on record as favoring a form of civil service preference granting extra points in examination marks to veterans who are qualified to perform the jobs they seek. It must publicize its conviction that the public service and the community will benefit by this method of recruiting government employees and compensating veterans for economic opportunities lost while in military service.

New Fields for Social Action

From their special knowledge social workers can also point out new fields for "social action" by veterans' organizations. Every day they see veterans who urgently need psychiatric help. Every day they realize how slowly resources for giving this help are expanding and how tremendously the need mounts as more and more men are discharged. If the veterans' organizations were convinced that emotional illnesses are illnesses, and that clinics for their treatment are

essential, they might be persuaded to ally their strength with social work's efforts. Incidentally, if leaders of the veterans' organizations, the Service Officers, and the rank and file members were to accept such a matter-of-fact point of view about emotional illnesses, veterans who need psychiatric service might be less "ashamed" to admit their need and to seek help.

Points of Opposition

It is particularly important for social workers to stress the areas of their agreement with the official stand of veterans' organizations because there will probably be points at which they will take action in opposition to the proposals of veterans' organizations. They oppose legislation or administrative procedures which seem to retard rapid and complete integration of the veteran in a healthy civilian community, or which seem to establish a privileged "veteran class." Thus, although they believe in compensation for those injured in military service, they see many instances where the desire to prove his right to compensation interferes with a man's willingness to work and impedes his recovery. Social workers believe, therefore, that laws and procedures must be modified to minimize this danger.

Thus, too, they oppose separate categories and separate treatment for the veteran needing public assistance, since the hazards which cause the need of relief for him and his dependents are the hazards of civilian life and not the injuries of military service. Because of their belief that veterans and all other citizens suffer when factors other than efficiency control the selection of government employees, they oppose openly and vigorously the passage of sweeping civil service preference laws giving veterans absolute preference without regard to their standing on competitive examinations.

American Legion Program

An example of the value of cooperation between social work and a veterans' organization is furnished by the program of the National Child Welfare Division of the American Legion. In 1922, the Legion leaders, concerned with the needs of veterans' children, consulted the Child Welfare League of America which provided the services of a staff member for advice in shaping of their program. In 1925, with this counsel and assistance, the American Legion employed a trained and experienced social worker "to establish its National Child Welfare Division standards and facilities to put its Child Welfare Division program into action."¹ This social worker, Miss Emma Puschner, a member of the AASW and a Vice-President of the Child Welfare League of America, is still the Director of the Division.

¹ Child Welfare Guide—published by the National Child Welfare Division, The American Legion, 1942—pages 16, 17, and 18.

The 1922 convention of the Legion had adopted a resolution to investigate the possibility of establishing a home "somewhere in the United States for the destitute and orphaned children of deceased Legionnaires." By 1923, though they voted to establish a number of "regional billets," on the cottage plan, they indicated that these should be used only when children could not be kept in their own homes or in carefully selected and supervised foster homes. Only three such institutions were built, all of which had been abandoned by 1929. "This experience of establishing regional billets and then having to abandon them, very forcefully demonstrated to the Legion that it did not need to set up child welfare agencies of its own, but could be of greater service in building citizenship by improving and increasing local facilities for child care and protection where they existed, and initiating them where they did not exist, thus assuring constructive service in the local communities to the children of veterans but ultimately helping all children."²

This emphasis on the responsibility of community facilities and on a "square deal for every child" pervades the entire program. The Legion urges the appointment of a Child Welfare chairman in every post, who, in turn, is responsible to chairmen of the larger units, the Areas and State Departments. The Women's Auxiliary groups are also active in the Child Welfare program. The National Division stimulates and coordinates these activities, arranges area conferences and prepares written guides to train these workers, and administers the Emergency Aid Fund, from which assistance is given to "needy children of veterans who cannot be provided for at the moment through local, county, or state resources."

The 1944 report of the Legion National Child Welfare Division quotes reports from the states proving the wide range of local activities. "Many Legion Post Homes are being used for pre-school clinics and health clinics; 30,000 children are receiving the benefit of school lunches in Maine. The Legion is cooperating with other agencies in these projects." In Louisiana, whose department chairman is a member of the State Board of Public Welfare and Vice-President of the State Conference of Social Work, "The American Legion cooperated with the child labor committee on protecting child labor laws and also was successful in keeping the juvenile institutions from being placed in the penal division of government." In Alabama, "One post was instrumental in securing a juvenile county probation officer; one post had the leading part in securing a supervised recreation center for youths; one post was instrumental in securing a regulation requiring all pupils to be immunized against typhoid fever and diphtheria before entering school."

² Ibid.

In none of these publications of the Legion is there a suggestion that veterans' children are entitled to special privilege. "Benefits through tax-supported agencies" says the Child Welfare Guide "are most helpful to the children of veterans when they benefit all children." An open letter by Miss Puschner in the March 1945 Child Welfare League Bulletin charges that some agencies "are setting apart the veteran's child." "Some even go so far as to tell veterans and Legion members that they must look to the United States Veterans Administration and the American Legion for all their aid and service." This, Miss Puschner says, is discrimination against the children of veterans. She points out that the Legion has helped to secure improved child welfare provisions in almost every state. Where such accomplishment has lagged "study will demonstrate that the public and private agencies for child care have failed to utilize the available help of the American Legion."

Recommendations

It is recommended that social workers as individuals, in their councils of social agencies, and in their professional associations look for and create opportunities for cooperative action with veterans' organizations. Social workers who are also veterans can work within the veterans' organizations,

both as responsible, participating members and as paid employees. Social workers must learn to know the leaders of these organizations, and to express openly and strongly recognition and support of their concern for the welfare of veterans.

Social agencies should secure as board and committee members, men and women who are also active in veterans' organizations, selecting them as they do members of other groups, because they have special knowledge of problems with which the agency is concerned, with the hope that as they become identified with the work of the agency they will interpret it to others. Articles in the magazines published by the veterans' organizations can explain what social workers do, hopefully revealing them as warmhearted, practical, skillful human beings, more concerned with helpfulness than with prestige.

Here are enthusiastic, powerful groups of citizens, organized by veterans to serve veterans and to speak for them. Social workers who learn to work with veterans' organizations to achieve common goals will have found allies who know how to get what they want.

MARTHA PERRY
*Executive Secretary,
New York City Chapter*

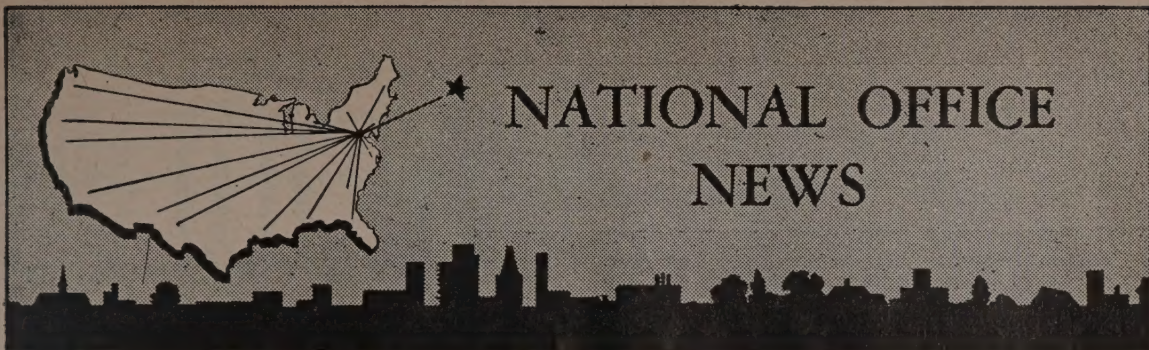
St. Louis Personnel Practices Inquiry

The report of the national Employment Practices Inquiries Committee, which appeared in the September 1946 COMPASS, stated that a further report on an inquiry into personnel practices of the St. Louis Chapter of the American Red Cross which was conducted by the St. Louis AASW Chapter would be published later. The St. Louis AASW Chapter report is available to members and chapters from the national AASW office upon request. An article is being planned for publication in THE COMPASS dealing with experiences of chapters in conducting such inquiries, in which material from the St. Louis report will be included.

Address Please!

The national office would appreciate receiving the correct address for the following members:

June E. Bender
Annette Chase
Marie F. Forman
Laura A. Merrill
Frances A. Rosen
Omar C. Schmidt
Iris M. Schreiner
Polly B. Shreve
Anthony R. Stone



National Board Meets

The first meeting of the AASW National Board in the 1946-47 program year was held in New York City on October 3, 4 and 5, 1946. The meeting was attended by 17 of the 21 officers and Board members and by chairmen of several national committees.

Election of Executive Committee

Members of the Executive Committee elected for 1946-47 were: Paul L. Benjamin, Earl N. Parker, Helen Hubbell, Alton A. Linford, Lora Lee Pederson, Arthur Kruse and Mrs. Eleanor Granefield.

Vacancy on National Nominating Committee

Mr. Paul Beisser who was elected to serve as a member of the National Nominating Committee from District 2 had resigned because he had left the district. In accordance with bylaw provisions, the National Board elected Mrs. Edith Grubb Ross to replace Mr. Beisser.

Association Program Plans

Decisions on Association program plans were based on progress which had been made in various subject areas during the past two years and with the understanding that a full schedule of activities could not be carried on until additional staff service was available. The National Board authorized the establishment of national committees in the following subject areas:

Employment Practices Inquires, Personnel Practices, Public Social Policies, International Organization for Social Work, Membership and

Chapters. Plans were made for the establishment of additional committees as staff service became available.

The importance of developing means by which the work of national committees could be related to the work of chapters was emphasized by members of the Board. Suggestions were made regarding specific devices through which increased understanding of and participation in total Association program could be achieved by members and chapters.

Registration and Licensing

The report of the Committee on Registration and Licensing summarized the committee's findings and recommended that the Association conduct a program of education and action leading directly to legislation in each state restricting the practice of social work to people identified as qualified practitioners by an appropriate agency of the state. The committee expressed the conviction that the restriction of practice is the only method which will raise standards of competence of social workers and provide adequate protection of the public interest.

The National Board adopted the report of the committee with the recommendation that a statement based on the report of the Subcommittee on Types of Regulation of Practice be submitted to the 1947 Delegate Conference for discussion and action. The Board agreed that the statement on Definition of a Social Worker and other material which had been developed by the Committee on Registration and Licensing should be sent to chapters immediately and that provision be made for discussion of this statement at the 1947 Delegate Conference.

Examination Service for Social Work

The report of the Civil Service Committee on an examination service for social work was presented by Miss Alice Padgett, chairman, and Mrs. Martha Strong Smith and Mr. Philip Schiff, members of the committee. The written report presented to the Board outlined in considerable detail the values of an examination service for the field of social work, analyzed material having a bearing on such a project and outlined specific next steps for Association activity in connection with the establishment of an examination service.

Members of the National Board recognized the importance to the profession of an examination service and agreed that as soon as staff service could be made available for this purpose a national committee should be established to carry forward the work that had been started by the Civil Service Committee.

National Social Welfare Assembly

Action was taken at this meeting of the Board authorizing AASW affiliation with the National Social Welfare Assembly.

NEW PUBLICATIONS

Please send me ----- copies of the 1947-48 edition of Fellowships & Scholarships in Social Work (free).

Please send me ----- copies of the AASW revised statement on Personnel Practices in Social Work at 25c a copy.

Name -----

Address -----

Amount enclosed \$-----